

## Children's Theatre of Annapolis Audition Registration Form

Please print clearly and bring to the registration number. Remember your audition number.

*Please note: If cast in this production, each member will be required to pay a \$150 production fee. Additionally, each family must pay a \$20 annual registration fee (good between July 1, 2019 through June 30, 2020) that covers up to four CTA participants. CTA is committed to making quality theatre arts education and opportunities available to all youth, regardless of income level. Need-based scholarships (full or partial), payment plans, and other forms of financial assistance are available. If your family requires assistance for the production fee, please contact the producers at [cta.cast@gmail.com](mailto:cta.cast@gmail.com). All requests and discussions will be kept confidential.*

Name (First & Last) \_\_\_\_\_ Audition # \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Conflicts:** Please list all conflict which would interfere with the Rehearsal Schedule (Tues & Thurs evenings 7-9pm, Sun 1-5pm; Tech Week Sun, October 28<sup>th</sup> – Thurs, November 1<sup>st</sup>); Shows (Fri, Sat, Sun from November 1-17); School Show (Nov 7<sup>th</sup>); Be complete; use the back of this page, if necessary. Conflicts will not automatically exclude you from being cast; however, if you have more than 3 conflicts, the artistic staff may feel your absence will jeopardize the rehearsal process, and you may not be cast in this production. **All shows and Tech rehearsals are mandatory.**

**If not cast in this production, I am interested in working on the show in another capacity such as backstage or ushering?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**How did you hear about these auditions?**

### **Parent / Guardian Information (Please Print Neatly)**

Name(s) (First & Last) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email #1 \_\_\_\_\_

Email #2 \_\_\_\_\_

***I hereby give Children's Theatre of Annapolis permission to photograph and list the name of my child on this form, and to use these in any and all promotional materials including, but not limited to: posters, programs, printed media, and the website.***

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_